

**CITY OF COVINGTON****Community Development**

16720 SE 271st Street • Suite 100 • Covington, WA 98042

Phone: (253) 480-2400 • Fax: (253) 480-2401

www.covingtonwa.gov

S-402

CRITICAL AREA DECLARATION**STAFF USE ONLY**

Permit/Project Number: _____ Application Date: _____

I/We make the following statement based upon personal knowledge (check one):

☐ There are critical areas on the following parcel number(s) that is/are the subject of this application:

☐ There are no critical areas on the following parcel number(s) that is/are the subject of this application: _____

I/We declare under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

Signed this _____ day of _____, 20____, at _____, _____.

City

State

Signature _____

Print Name _____

Address _____

Phone Number _____

Signature _____

Print Name _____

Address _____

Phone Number _____

State of Washington }
County of King } ss.

I certify that I know or have seen satisfactory evidence that _____ (Property Owner) signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Date: _____

Signature: _____

Printed Name: _____

Notary Public in and for the State of Washington

My appointment expires: _____

(Notary Seal or Stamp)

State of Washington }
County of King } ss.

I certify that I know or have seen satisfactory evidence that _____ (Property Owner) signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Date: _____

Signature: _____

Printed Name: _____

Notary Public in and for the State of Washington

My appointment expires: _____

(Notary Seal or Stamp)

Use additional pages as needed for all property owner signatures.